
State:	Arkansas	Filing Company:	United of Omaha Life Insurance Company
TOI/Sub-TOI:	L08 Life - Other/L08.000 Life - Other		
Product Name:	Statement of Good Health - MLU28092		
Project Name/Number:	Statement of Good Health/MLU28092		

Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: Statement of Good Health - MLU28092

State: Arkansas

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

Date Submitted: 10/03/2012

SERFF Tr Num: MUTM-128711145

SERFF Status: Closed-Approved-Closed

State Tr Num:

State Status: Approved-Closed

Co Tr Num: WANDA HILL

Implementation

Date Requested:

Author(s): Wanda Hill, Shelly Kaipust, Kim Meyerring, Kelly Krumwied

Reviewer(s): Linda Bird (primary)

Disposition Date: 10/08/2012

Disposition Status: Approved-Closed

Implementation Date:

State Filing Description:

State: Arkansas
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: Statement of Good Health - MLU28092
Project Name/Number: Statement of Good Health/MLU28092

Filing Company: United of Omaha Life Insurance Company

General Information

Project Name: Statement of Good Health

Project Number: MLU28092

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Kelly Krumwied

Filing Description:

NAIC 261-69868

Individual Life Insurance

Statement of Good Health MLU28092

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 10/08/2012

State Status Changed: 10/08/2012

Created By: Kelly Krumwied

Corresponding Filing Tracking Number:

I am submitting the attached Statement of Good Health for review and approval. This form is new and will not replace any previously filed forms.

The Statement of Good Health is provided to the policyowner at the time of policy delivery, to confirm that the insured's health has not materially changed since the date the application was taken.

The Statement of Good Health will be used on general basis with our previously approved fully and simplified underwritten applications.

The required filing materials are attached.

Your review and approval of this submission will be greatly appreciated. Please contact me with any questions or concerns.

Sincerely,

Wanda Hill

Senior Product and Advertising Compliance Analyst

Corporate Compliance and Ethics Division

Phone: 402-351-3440 (Collect)

Fax: 402-351-5298

Email: wanda.hill@mutualofomaha.com

Company and Contact

State: Arkansas
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: Statement of Good Health - MLU28092
Project Name/Number: Statement of Good Health/MLU28092

Filing Company: United of Omaha Life Insurance Company

Filing Contact Information

Wanda Hill, Senior Policy Drafting and Regulatory Specialist wanda.hill@mutualofomaha.com
Mutual of Omaha 402-351-3440 [Phone]
Mutual of Omaha Plaza 402-351-5298 [FAX]
Omaha, NE 68175

Filing Company Information

United of Omaha Life Insurance Company CoCode: 69868 State of Domicile: Nebraska
Mutual of Omaha Plaza Group Code: 261 Company Type: Life
Omaha, NE 68175 Group Name: Insurance
(402) 351-6910 ext. [Phone] FEIN Number: 47-0322111 State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

Company	Amount	Date Processed	Transaction #
United of Omaha Life Insurance Company	\$50.00	10/03/2012	63361396

SERFF Tracking #:	MUTM-128711145	State Tracking #:		Company Tracking #:	WANDA HILL
State:	Arkansas	Filing Company:	United of Omaha Life Insurance Company		
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/08/2012	10/08/2012

State:	Arkansas	Filing Company:	United of Omaha Life Insurance Company
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Disposition

Disposition Date: 10/08/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Form	Statement of Good Health		Yes

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Form Schedule

Lead Form Number: MLU28092							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		MLU28092	OTH	Statement of Good Health	Initial:	0.000	Statement of Good Health_MLU28092.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

STATEMENT OF GOOD HEALTH

ATTACHED TO AND MADE A PART OF
MY APPLICATION FOR LIFE INSURANCE TO
UNITED OF OMAHA LIFE INSURANCE COMPANY (UNITED OF OMAHA)

In consideration of the issuance and delivery of policy number:

To the best of my/our knowledge and belief, I/we certify that, since the date of the application, all persons proposed for insurance have had (a) no change in health, (b) no illness or injury, and (c) have not consulted a health care provider or been hospitalized since the date of the application except for any examinations (medical, paramedical, laboratory) completed at the specific request of United of Omaha.

I/We understand that United of Omaha is relying upon the information in this statement. United of Omaha has made execution and delivery of this statement a condition of delivery of the policy. Incorrect or misleading information in the application or this statement may void the policy from its effective date.

I/We acknowledge delivery of the policy on the date below.

_____	_____
Date	Insured

	(Print Insured's Name)

	Owner (if other than Insured)

	Witness

NOTE TO PRODUCER: No change to the wording of this statement can be made. If, since the date of the application, an insured (a) has had a change in health, (b) has had an illness or has been injured, or (c) has consulted with a health care provider or been hospitalized, other than for any medical, paramedical, or laboratory examinations required by United of Omaha, do not deliver the policy or accept money. Instead, you should immediately contact United of Omaha for further instructions.

SERFF Tracking #:	MUTM-128711145	State Tracking #:		Company Tracking #:	WANDA HILL
State:	Arkansas	Filing Company:	United of Omaha Life Insurance Company		
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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
AR Read Cert.pdf			

CERTIFICATION

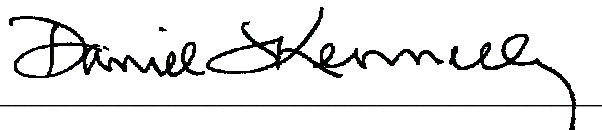
This is to certify that the attached form(s) has/have achieved the following Flesch Reading Ease Score(s) and complies/comply with the requirements of Ark. Stat. §§66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

<u>Form</u>	<u>Description</u>	<u>Score</u>
MLU28092	Statement of Good Health	50

*This score was achieved by removing language or terminology entitled to be excepted by your standards for readability.

*When scored with the policy with which it will be used.

Date: October 3, 2012



Daniel J. Kennelly
Vice President , Chief Compliance and Ethics Officer